

## APPLICATION DATA SHEET

### Application Information

Application number:: not yet assigned  
Filing Date:: Herewith (August 25, 2003)  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R? None  
Title:: METHODS AND PRODUCTS FOR TREATING HIV  
INFECTION  
Attorney Docket Number:: C1039.70084US00  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 0  
Claims:: 86  
Small Entity?:: No

### Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Arthur  
Middle Name:: M.  
Family Name:: KRIEG  
City of Residence:: Wellesley  
State or Province of  
Residence: Massachusetts  
Country of Residence:: US  
Street of mailing address:: 173 Winding River Road

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City of mailing address:: Wellesley  
State or Province of mailing address:: Massachusetts  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 02481

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Dennis  
Middle Name::  
Family Name:: KLINMAN  
City of Residence:: Potomac  
State or Province of Residence:: Maryland  
Country of Residence:: US  
Street of mailing address:: 2 Candlelight Court  
City of mailing address:: Potomac  
State or Province of mailing address:: Maryland  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 20854

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Alfred  
Middle Name:: D.  
Family Name:: STEINBERG  
City of Residence:: Potomac

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**State or Province of**

Residence: Maryland  
Country of Residence:: US  
Street of mailing address:: 8814 Bells Mill Road  
City of mailing address:: Potomac  
State or Province of mailing address: Maryland  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 20854

**Correspondence Information**

**Correspondence Information::**

Name:: Helen C. Lockhart  
Street of mailing address:: 600 Atlantic Avenue  
City of mailing address:: Boston  
State or Province of mailing address:: MA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 02210  
Phone number:: (617) 720-3500, (617) 573-7859  
Fax Number:: (617) 720-2441  
E-Mail address:: hlockhart@wolfgreenfield.com

**Representative Information**

**Representative Customer Number::** **23628**

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**Domestic Priority Information::**

Application::	Continuity Type::	Parent Application::	Parent Filing Date:: MM / DD / YY
This application is	continuation of	09/931,583	08 / 16 / 01
09/931,583	continuation-in-part of	09/415,142	10 / 09 / 99
09/415,142	divisional of	08/386,063	02 / 07 / 95
08/386,063	continuation-in part of	08/276,358	07 / 15 / 94

**Foreign Priority Information::**

Country::	Application Number::	Filing Date:: MM/DD/YY	Priority Claimed::
N/A			